

This response was submitted to the consultation held by the Nuffield Council on Bioethics on Critical Care Decisions in Fetal and Neonatal Medicine: Ethical issues during March to June 2005. The views expressed are solely those of the respondent(s) and not those of the Council.

Anon 10

Last Thursday the consultation document was presented to our monthly Clinical Practice Ethics Seminar. The REC report was available to those involved in presenting and most of the content was accepted. The following additional comments arose out of that meeting.

Question 1b

In principle the mother's consent should always be obtained. In practice there may be situations in which 'in the moment of decision' the mother does not have capacity to make a decision. In those emergency situations it would seem appropriate to make a best interests decision.

Question 5

Guidelines must not be too prescriptive

Question 6

As a nation the under girding philosophy recognizes the importance of each individual in society with the implication that regardless of handicap or disability each person has value. Resources do affect the production of guidelines regarding difficult decisions but not in the individual situation of deciding whether to prolong life or withdraw treatment. This will be individually agreed between clinical staff and the parent(s)

Question 8

Ideally parents together with all the clinical team would come to a consensus regarding the decision. Any occasions when this does not occur could be regarded as a failure of communication. Therefore in daily practice further guidelines would not help.

Question 9

25 people attended the seminar last Thursday. When the question was put regarding further legislation the meeting was unanimous in stating that new legislation is not required and would not be helpful.